

Department of Veterans Affairs

Volume 18, Issue 1***Evaluation of Peer Specialists on Patient Aligned Care Teams*****Did you know:**

- Over 1000 PSs have been hired in VA mental health in recent years and this White House Executive Action further signals their growing importance as service providers in VA.
- PSs participating in this pilot have delivered a range of services, including whole health coaching, to over 2,500 Veterans.

In August 2014, the White House issued an Executive Action mandating that 25 VA Medical Centers pilot the deployment of Peer Specialists (PSs) in primary care patient aligned care teams. In partnership with VACO leadership, a team of VA Quality Enhancement Research Initiative (QUERI) funded investigators from the Little Rock VA, and the VISN 4 and VISN 5 MIRECCs, is currently completing an evaluation of this pilot effort. The evaluation will provide critical data to guide administrators and VA policy

makers on future deployment of PSs in primary care settings. In addition to characterizing the experiences of participating sites, this project is testing the impact of providing external facilitation, consultation, and feedback to assist with implementation. Data are being collected from staff and Veterans on organizational context and team functioning, peer support fidelity, patient activation, satisfaction, general functioning, and implementation barriers and facilitators. We recently enrolled our 25th and final site.



Dr. Richard Goldberg
VISN 5 MIRECC Director

We look forward to partnering with VACO leadership to summarize and disseminate findings to support the implementation of PS services in VA primary care settings.

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First VISN 5 MIRECC Open House

Veterans and staff from the VA Maryland Health Care System had the opportunity to learn about the research, educational, and clinical activities being conducted at the VISN 5 MIRECC at our first Open House on January 24th. MIRECC staff members answered questions throughout the day. Resource tables provided infor-

mation about a variety of MIRECC activities and programs. Visitors also had the opportunity to see examples of MIRECC products such as therapeutic intervention manuals, published research articles, and the photography exhibit "Warriors, Tattoos, and the Stories They Tell" which presents the stories behind Veter-

ans' military tattoos and was funded by the MIRECC Small Grants for Recovery (see page 2 in this issue for more details). Investigators prepared posters to explain their work. Many guests were added to our MIRECC Matters email list - Welcome to our new readers!

Warriors, Tattoos, and the Stories They Tell

During the second half of 2016, Dr. Jacqueline Cleland and a dedicated, creative group of Veterans and staff at the Martinsburg VAMC created a powerful set of recovery stories grounded in the personal meanings of Veterans' tattoos. Noting that tattoos often commemorate important people, events, and values, Dr. Cleland has often asked Veterans about theirs as a way to touch on important personal stories. These personal conversations over the years led to the idea of a more public project.

Funding from the VISN-5 MIRECC Small Grants Program for Recovery-Fostering Education and Clinical innovations was combined with significant in-kind contributions from the Martinsburg VAMC, particularly the Education and Learning Resources staff and the ten Veterans who volunteered. After initial conversations, signing of release forms, and considerable logistics, the group organized two days of photo shoots. Additionally, each Veteran talked at length with Dr. Cleland and together they honed the narrative and comments to

include with that Veteran's tattoo photos. Many of the Veterans involved described the collaboration as therapeutic and expressed gratitude for the affirmation and the opportunity to help other Veterans.

The result is a remarkable collection of vivid photographs and Veteran narratives. The multi-media collection includes a booklet titled *Warriors, Tattoos, and the Stories they Tell*, a digital slide show, and exhibit posters highlighting each of the featured Veterans and their stories. It was exhibited for the first time during a public launch event at the Martinsburg VA Medical Center on November 8, 2016.

More than 80 guests joined Martinsburg VA Medical Center Director Tim Cooke at the launch honoring the participating Veterans and their eloquent expressions of personal recovery. The audience included Veterans and their families, representatives from local Veteran Service Organizations, VA staff, and Congressional, state, and local government officials. Dr. Cleland remarked, "Our hope is that this Veteran inspired project will foster curiosity, encourage dialog,

and broaden understanding with its distinctly visual display of personal narratives." One of the Veterans said "I am really glad to be part of this project. It felt a bit weird at first to think about putting my tattoos and my story on a poster but it was a great experience. And now to see everyone interested and thinking about it is really rewarding."

The posters were displayed in the Martinsburg library until January when they travelled to Baltimore for exhibit in the VA Annex Building's lobby on January 24th 2017 during the MIRECC's open house event. "It was wonderful to see people respond to the exhibit with such appreciation for the Veterans' stories— both at the Martinsburg launch and during the exhibit at Baltimore," said Alicia Lucksted of the VISN-5 MIRECC. "I think the photos and the narratives really deepen people's understanding of Veterans' struggles and personal strengths."

Plans are in progress to exhibit the posters (and provide copies of the booklet) at the DC VAMC and Perry Point VAMC in coming months.



"Warriors, Tattoos, and the Stories They Tell"

"Our hope is that this Veteran inspired project will foster curiosity, encourage dialog, and broaden understanding with its distinctly visual display of personal narratives."

Martinsburg is their permanent home, although they will remain available for travelling exhibit. In addition, the booklet will be made permanently available online through the MIRECC website and copies of the booklet will join the permanent collections of the Martinsburg VAMC and Baltimore VAMC libraries, with plans to donate copies to DC and Perry Point as well.

Helping Veterans with SMI “StayQuit” from Smoking after Inpatient Hospitalization



***“High intensity behavioural interventions that begin during a hospital stay and include at least one month of supportive contact after discharge promotes smoking cessation among hospitalized patients.”
Rigotti, 2012***

Rigotti NA, Clair C, Munafò MR, Stead LF. Interventions for smoking cessation in hospitalized patients. *Cochrane Database of Systematic Reviews* 2012; Issue 5. Art. No.: CD001837. doi: 10.1002/14651858.CD001837.pub3.

Individuals with serious mental illness (SMI) die earlier than those in the general population from cardiovascular disease, diabetes, cancer, and other chronic medical conditions. Smoking is the largest predictor of death from heart disease in SMI and is the most important risk factor for elevated mortality in SMI. The most important health behavior change that could lower mortality risk and improve health is for smokers with SMI to quit.

Inpatient psychiatric hospitalization may provide a critical window of opportunity in which to deliver smoking cessation (SC) services to individuals with SMI. Smoking is banned in most hospitals, requiring smokers to abstain from tobacco use while hospitalized. Work in medical settings shows that abstinence during an inpatient hospitalization is associated with greater odds of staying quit over six months. Abstinence during hospitalization does not adversely impact psychiatric symptoms and is associated with greater motivation to quit. Hospitalized individuals are able to use nicotine replacement therapy (NRT) and are not exposed to

their usual external environmental cues for smoking. This makes the inpatient setting optimal for discussing SC as a mental and physical health goal, and initiating efforts to increase self-efficacy for sustained abstinence after discharge.

While providing SC services in the hospital is important, without continued SC services after discharge, most who are abstinent during a hospital stay will return to smoking. There is evidence that specialized telephone SC counseling programs are more effective than no treatment or treatment as usual (most often referral to a quit line) in smokers with mental illness. In one study, investigators examined the impact of 10 telephone SC counseling sessions vs. quit line referral on self-reported 30-day abstinence for VA outpatients receiving mental health treatment. At a 6-month follow-up, participants in the active condition were more likely to report 30-day abstinence and satisfaction with counseling.

Investigators at the VISN 5 MIRECC are starting a small study to develop and pilot

test *StayQuit*, a smoking cessation intervention for smokers with SMI that begins in the hospital and continues via telephone counseling for three months after discharge. *StayQuit* will provide a personalized experience for smokers with SMI at different levels of motivation to remain abstinent. In the hospital, *StayQuit* will include a brief motivational intervention that will help smokers relate sustained SC to their values and preferences, shore up motivation to stay quit, and gain experience using NRT. This will be followed by cessation-focused discharge planning to engage Veterans in continued SC services with *StayQuit* staff. After discharge, *StayQuit* will provide three months of continued SC services including telephone counseling with *StayQuit* staff, NRT, and use of personalized telephone text messaging. *StayQuit* will be delivered by a Certified Tobacco Treatment Specialist and will offer continuity of counseling to increase the likelihood that abstinence established during the inpatient stay will extend after discharge. We will examine the feasibility and acceptability of *StayQuit* by collecting both quantitative and qualitative data.

MIRECC Staff Conduct Trainings in Evidence-Based Practices for Veterans with Serious Mental Illness

At the VISN 5 MIRECC, our mission is to *put recovery into practice*. Our Clinical Core partners with clinical programs and staff at the VAMHCS, VISN, and national levels to support *recovery-oriented* and *evidence-based* clinical services for Veterans with mental illness. To support this mission, MIRECC investigators offer educational content to enrich the staff at your clinical program or provide training on an unmet clinical need. We have expertise in a range

of topics related to *mental health recovery*. Seminar topic areas include:

- Ending Self Stigma
- Promoting Community Integration
- Family and Mental Health Treatment
- Person-Centered Care
- Treating Substance Use Disorders

- Early Psychosis Services
- The Role of VA Peer Specialists and Peer-Delivered Interventions

Seminar length can be modified if needed. If you're not in VISN 5, our investigators can make presentations remotely to VA programs anywhere in the country.

For more information, contact Anjana Muralidharan at Anjana.Muralidharan2@va.gov.

Staff Training Package to EASE Self-Stigma Among Veterans in Recovery

Self-Stigma is the harm caused when people start to define themselves by the stereotypes they are exposed to. It interferes greatly with wellness, recovery and treatment. EASE is a 90 minute program designed to be useful to mental health staff, of all disciplines, levels, and positions, to refresh our knowledge about stigma and its harmful effects and to learn practical

strategies we can use to help the Veterans we work with be resilient in the face of common stigmatization of mental health problems.

EASE strategies employ four principles, from which it gets its name: Education, Awareness, Shifting perspective, and Empowerment.

For more information and to access EASE training materials so you can deliver EASE yourself, go to <http://www.mirecc.va.gov/visn5/training/ease.asp> or contact the EASE Team at EASETeam@va.gov

Open Post-doctoral Fellowship Position at the VISN 5 MIRECC

The VA Advanced Fellowship Program in Mental Illness Research and Treatment at the VISN 5 MIRECC has one open post-doctoral psychologist fellowship position and one open post-residency psychiatrist fellowship position to begin in September, 2017. The goal of these two-year fellowships is to train psychologists and psychiatrists to become leading clinical researchers in the area of serious mental illness. Fellows develop independent programs of

research on topics related to psychosocial treatment development and implementation of recovery-oriented services and engage in supervised clinical training, delivering clinical services in settings that serve Veterans with serious mental illness. Detailed information about the VA Advanced Fellowship Program in Mental Illness Research and Treatment at the VISN 5 MIRECC can be

found on the national MIRECC website at <http://www.mirecc.va.gov/mirecc-fellowship.asp> and at the VISN 5 website at <http://www.mirecc.va.gov/visn5/>. **Potential applicants are encouraged to contact Dr. Melanie Bennett at Melanie.Bennett@va.gov to discuss details of the opportunities available for fellows.**

Publication Spotlight

Kreyenbuhl J, Dixon LB, Brown CH, Medoff DR, Klingaman EA, Fang L, Tapscott S, Walsh M. *A Randomized Controlled Trial of a Patient-Centered Approach to Improve Screening for the Metabolic Side Effects of Antipsychotic Medications. Community Mental Health Journal 2017; 53*

Approximately 60% of individuals with schizophrenia do not take their antipsychotic medications as prescribed, and nonadherence is associated with exacerbation of psychotic symptoms, increased hospital and emergency room use, and increased healthcare costs. Behavioral-tailoring strategies that incorporate medication taking into the daily routine and use environmental supports have shown promise as adherence-enhancing interventions.

Informed by the Information-Motivation-Behavioral (IMB) Skills

Model and using the iterative process of user-centered design, we collaborated with individuals with schizophrenia and psychiatrists to develop an interactive smartphone application and web-based clinician interface, MedActive, for improving adherence to oral antipsychotic treatment. MedActive facilitates the active involvement of individuals with schizophrenia in managing their antipsychotic medication regimen by providing automated reminders for medication administration and tailored motivational feedback to encourage adherence, and by displaying user-friendly results of daily ecological momentary assess-

ments (EMAs) of medication adherence, positive psychotic symptoms, and medication side effects for individuals and their psychiatrists.

In a 2-week open trial completed by 7 individuals with schizophrenia and their psychiatrists, MedActive was determined to be both feasible and acceptable, with patient participants responding to 80% of all scheduled EMAs and providing positive evaluations of their use of the application. Psychiatrist participants were interested in viewing the information provided on the MedActive clinician interface, but cited practical barriers to regularly accessing it and integrating into their daily practice.

Muralidharan, A., Klingaman, E., Molinari, V., Goldberg, R. (2017). *Perceived Barriers to Physical Activity in Older and Younger Veterans with Serious Mental Illness. Psychiatric Rehabilitation Journal. January 26. DOI: 10.1037/prj0000245. [Epub ahead of print]*

Individuals with serious mental illness endorse many more medical and psychosocial barriers to physical activity (PA) than the general population. However, it is unknown if older adults with serious mental illness are at greater risk of experiencing barriers to PA than their younger counterparts. Method: The present study utilized a national VA dataset to compare veterans with serious mental illness ages 55 and older (n = 9,044)

to veterans with serious mental illness ages 54 and younger (n = 8,782) on their responses to a questionnaire assessment of barriers to PA. Results: Older veterans were more likely to endorse arthritis and cardiopulmonary disease, and less likely to endorse work schedule, as barriers to PA. Conclusions and Implications for Practice: Interventions designed to increase PA for young/middle-aged adults with serious mental illness may be broadly useful for older

adults with serious mental illness, with some modification to address specific health concerns.

Comings and Goings

We are happy to welcome two new staff members! Laché Wilkins started with us as a Research Assistant in December. She has her M.S. in Clinical Psychology from Loyola University. Previously, Laché worked as Research Assistant at the Center for Eating Disorders at Sheppard Pratt Hospital as well as the Perelman School

of Medicine at the University of Pennsylvania. She will be working on several MIRECC studies as a recruiter and interventionist.

Kirsten Poston started with us in January. Kirsten has her B.A. in Psychology and Criminology & Law Studies from Marquette University, and her M.S. in Counseling Psychology from Loyola Univer-

sity. Previously, she worked as Research Assistant at Johns Hopkins School of Medicine, Johns Hopkins Bloomberg School of Public Health, and the Marquette Legal Education and Research Network. Kirsten will be working as a recruiter and interventionist at both Baltimore and Perry Point on a study aiming to increase

community participation among Veterans with schizophrenia.

Welcome to you both!



Monthly Psychopharmacology Case Conference

All VISN Clinicians are invited to attend this conference and to bring questions about a difficult or challenging psychopharmacology case. Note that the topic of the conference has been expanded from a focus only on metabolic side effects of antipsychotic medications to include all areas of psy-

chopharmacology.

The MIRECC Case Conference facilitators are Robert Buchanan, M.D., MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, Ph.D., MIRECC investigator and Associate Professor in the UMB Department of Psychiatry; and Neil

Sandson, M.D., inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

The case conference is held on the first Thursday of every month, 1:00 - 2:00 PM, 1-800-767-1750, code 79846.

For more information, contact Julie Kreyenbuhl at Julie.Kreyenbul@va.gov.

Educational Webinar Series for Peer Specialists

The VISN 5 MIRECC hosts 3-4 educational webinars per year for VA Peer Specialists. These webinars cover topics related to mental health services that may be useful for

Peer Specialists in a variety of treatment settings. Past webinars have addressed topics such as the role of peer specialists in suicide prevention and tools for peer specialists

to use when discussing reducing substance use with Veterans. The next webinar will be held in late spring. More information coming soon!

For more information, contact Ralf Schneider at Ralf.Schneider@va.gov

Recovery-Oriented Small Grants Program

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations within VISN 5 in response to the VA's Action Agenda to transform VA mental health services to a recovery model. The program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects;

new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models; or specific recovery-oriented services/programs. Past grants have been used by clinicians and peer specialists to attend trainings, bring in speakers, start new programs, and support creative activities that promote mental health recovery.

We will work with you to develop your application. Apply today! Grant amount can range from \$300-\$5000.

Application Deadlines are the 1st of March, June, and December.

For more information or to receive an application, please contact Alicia Lucksted, Ph.D., MIRECC Recovery Coordinator, at 410-706-3244 or email her at Alia.Lucksted@va.gov.

Join our Veterans Advisory Panel

To become a MIRECC Veterans Advisory Panel (VAP) advisor, or for more information, please contact Ralf Schneider, at 410-637-1874 or email him at Ralf.Schneider@va.gov.

The VISN 5 MIRECC seeks Veterans interested in mental health issues to join our Veterans Advisory Panel. Advisors are volunteers, who have a history of mental health diagnosis and recovery. They meet once a month to hear about current VISN-5 MIRECC research, educational, and clinical projects and

to contribute their perspectives, opinions and suggestions as Veterans. All interested Veterans are encouraged to join!

- Be part of the discussion.
- Offer your thoughts on MIRECC programs.
- Help shape MIRECC work in the VA.
- Meet other Veterans with

common interests.

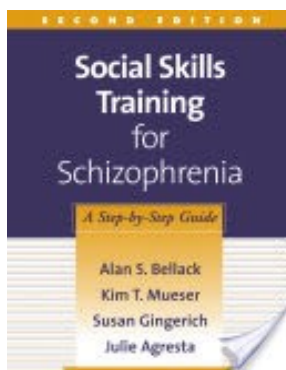
- Good on your resume, too.
- The MIRECC Veterans Advisory Panel is not connected to a research study. It is an ongoing group of volunteer advisors who help the MIRECC further improve its work.

VA Social Skills Training

Since 2008, the VA Social Skills Training (VA-SST) program has been training VA clinicians nationwide in the delivery of SST for Veterans with serious mental illness. Over the years, the VA-SST program has trained over 800 VA staff across the coun-

try, including 53 Peer Specialists, 48 Master Trainers, and 216 fellows. Trainings for 2016 have not been scheduled. We will provide more information on upcoming trainings in future issues of the MIRECC Matters. **For more information on Social**

Skills Training and the VA-SST Training program, please visit our website: http://www.mirecc.va.gov/visn5/training/social_skills.asp or email Elizabeth Gilbert, Ph.D. at Elizabeth.Gilbert@va.gov.



MIRECC Science Meetings

The MIRECC organizes a series of meetings at which invited speakers and local researchers present research findings, discuss other projects they are working on to get input from peers, or discuss other research-related issues. These meetings occur on the 2nd and 4th Tuesday of the month (12-1) and are held in the MIRECC confer-

ence room (7th Floor Baltimore Annex). Upcoming Science Meetings are:

- 3/14/17—Dr. Clayton Brown (UM School of Medicine): Statistical Modeling for the Analysis of a Naturalistic Study of Patients with Co-Morbid Current or Recent Cocaine Dependence and SMI
- 3/28/17—Dr. Jasmine Abrams

(UM Baltimore County): Etiology, prevention, and treatment of health disparities experienced by marginalized individuals

- 4/25/17—Dr. Latrice Vinson (MIRECC Fellow): Survey of Best Practices in Treating Veterans with Complex Care Needs at VHA: Preliminary Findings

Contact Melanie Bennett at Melanie.Bennett@va.gov for more information or to be added to our mailing list.

Save the Date: Training in Mindfulness Strategies for Use in Mental Health Practice

On May 10, 2017, the VISN 5 MIRECC will hold a workshop to provide training for VA clinicians in mindfulness strategies that have been found to be useful and can be easily learned and adopted in clinical practice with Veterans seeking mental health services. We plan to include a review of

types of mindfulness and how these practices and strategies can benefit people receiving mental health services; offer experiential training in three mindfulness based strategies (to include background on the strategy, specific training in how to do it) with ample opportunity to practice (attendees can select

two of the three strategies), and provide discussion about ways to adopt these strategies via a panel that will include Veterans who have learned and used mindfulness strategies and clinicians who have experience implementing them in their practice.

Information on registration will be coming soon. If you have any questions, contact Melanie Bennett (Melanie.Bennett@va.gov) or Ralf Schneider (Ralf.Schneider@va.gov).

Hope to see you there!

Opportunities to Partner with the VISN 5 MIRECC Clinical Core

At the VISN 5 MIRECC, our mission is to *put recovery into practice*. The Clinical Core partners with clinical programs and staff at the VAMHCS, VISN, and national levels to support *recovery-oriented* and *evidence-based* clinical services for Veterans with mental illness. Some

examples include clinical consultation (provide support to staff who want to improve the services they offer to Veterans); training in evidence-based, recovery-oriented interventions (such as Social Skills Training and Wellness Recovery Action Planning); clinical demon-

stration projects of innovative services (partner with programs to pilot test innovative tools and services); direct clinical service and supervision (provided by MIRECC investigators and fellows) and needs assessment/program evaluation (assist programs in identifying service gaps or needs and generating ideas

for new programs).

Contact us for more information:

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Putting Recovery Into Practice



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